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TRANSMITTAL FORM

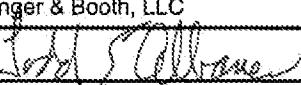
(to be used for all correspondence after initial filing)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">08/902,692</td> </tr> <tr> <td>Filing Date</td> <td>07/30/1997</td> </tr> <tr> <td>First Named Inventor</td> <td>William J. Rea</td> </tr> <tr> <td>Art Unit</td> <td>1644</td> </tr> <tr> <td>Examiner Name</td> <td>Ron Schwadron, Ph.D.</td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td></td> </tr> <tr> <td>Attorney Docket Number</td> <td>EHCD16715CIP</td> </tr> </table>	Application Number	08/902,692	Filing Date	07/30/1997	First Named Inventor	William J. Rea	Art Unit	1644	Examiner Name	Ron Schwadron, Ph.D.	Total Number of Pages in This Submission		Attorney Docket Number	EHCD16715CIP
Application Number	08/902,692														
Filing Date	07/30/1997														
First Named Inventor	William J. Rea														
Art Unit	1644														
Examiner Name	Ron Schwadron, Ph.D.														
Total Number of Pages in This Submission															
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Crutsinger & Booth, LLC		
Signature			
Printed name	Todd E. Albanesi		
Date	July 27, 2007	Reg. No.	36,426

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Virginia Born	Date	July 27, 2007

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PATENT APPLICATION FEE DETERMINATION RECORD

ATTORNEY FEE DETERMINATION

Application or Docket Number
EHCD16715CPA2

APPLICATION AS FILED – PART I

(Column 2)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(l))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =	*
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE (\$)	FEES (\$)		RATE (\$)	FEES (\$)
N/A			N/A	
N/A			N/A	
N/A			N/A	
X =			X =	
X =			X =	
N/A			N/A	
TOTAL			TOTAL	

APPLICATION AS AMENDED – PART II

(Caption 1)

(Column 2) (Column 3)

(Column 2) (Column 3)

	(Column 1)	(Column 2)	(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(j))	*	Minus	**
Independent (37 CFR 1.16(h))	*	Minus	***	#
<u>Application Size Fee (37 CFR 1.16(s))</u>				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
X	=	OR	X	=
X	=	OR	X	=
N/A			N/A	
TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

(Column 1)

(Column 2) (Column 3)

(Column 2) (Column 3)

RATE (\$)	ADDITIONAL FEE (\$)	RATE (\$)	ADDITIONAL FEE (\$)
X	#	X	#
X	#	X	#
N/A		N/A	
TOTAL ADD'L FEE		TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".**

**** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"**

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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